

**Montana Medicaid - Fee Schedule
Denturist
January 1, 2008**

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

EP = EPSDT service (Early Periodic Screening Diagnosis and Treatment)

Description – Procedure code description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definition in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee; not determined using RBRVS payment schedule

Medicare: Medicare-prevailing fee.

By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply

Anes Value: Number of anesthesia base value units

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster

Global – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.

Space: Global concept does not apply to this code

000: Same day as procedure

010: Same day and ten days following procedure

090: One day prior to and ninety days following procedure

MMM: In maternity cases, the usual global period does not apply

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

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Proc	Mod	Description	Effective	Method	Fees	PA
D0140		LIMIT ORAL EVAL PROBLM FOCUS	10/1/2007	FEE SCHED	\$30.85	
D0150		COMPREHENSVE ORAL EVALUATION	10/1/2007	FEE SCHED	\$30.85	
D0330		DENTAL PANORAMIC FILM	10/1/2007	FEE SCHED	\$49.36	
D0470		DIAGNOSTIC CASTS	10/1/2007	FEE SCHED	\$38.56	
D2970		TEMPORARY- FRACTURED TOOTH	1/1/2008	BY REPORT	\$0.00	
D5110		DENTURES COMPLETE MAXILLARY	10/1/2007	FEE SCHED	\$771.25	
D5120		DENTURES COMPLETE MANDIBLE	10/1/2007	FEE SCHED	\$771.25	
D5130		DENTURES IMMEDIAT MAXILLARY	10/1/2007	FEE SCHED	\$848.38	
D5140		DENTURES IMMEDIAT MANDIBLE	10/1/2007	FEE SCHED	\$848.38	
D5211		DENTURES MAXILL PART RESIN	10/1/2007	FEE SCHED	\$524.45	
D5212		DENTURES MAND PART RESIN	10/1/2007	FEE SCHED	\$546.05	
D5213		DENTURES MAXILL PART METAL	10/1/2007	FEE SCHED	\$925.50	
D5214		DENTURES MANDIBL PART METAL	10/1/2007	FEE SCHED	\$925.50	
D5225		MAXILLARY PART DENTURE FLEX	10/1/2007	FEE SCHED	\$677.47	
D5226		MANDIBULAR PART DENTURE FLEX	10/1/2007	FEE SCHED	\$678.70	
D5410		DENTURES ADJUST CMPLT MAXIL	10/1/2007	FEE SCHED	\$37.02	
D5411		DENTURES ADJUST CMPLT MAND	10/1/2007	FEE SCHED	\$37.02	
D5421		DENTURES ADJUST PART MAXILL	10/1/2007	FEE SCHED	\$37.02	
D5422		DENTURES ADJUST PART MANDBL	10/1/2007	FEE SCHED	\$37.02	
D5510		DENTUR REPR BROKEN COMPL BAS	10/1/2007	FEE SCHED	\$92.55	
D5520		REPLACE DENTURE TEETH COMPLT	10/1/2007	FEE SCHED	\$61.70	
D5610		DENTURES REPAIR RESIN BASE	10/1/2007	FEE SCHED	\$92.55	
D5620		REP PART DENTURE CAST FRAME	10/1/2007	FEE SCHED	\$126.49	
D5630		REP PARTIAL DENTURE CLASP	10/1/2007	FEE SCHED	\$114.15	
D5640		REPLACE PART DENTURE TEETH	10/1/2007	FEE SCHED	\$92.55	
D5650		ADD TOOTH TO PARTIAL DENTURE	10/1/2007	FEE SCHED	\$92.55	
D5660		ADD CLASP TO PARTIAL DENTURE	10/1/2007	FEE SCHED	\$154.25	
D5710		DENTURES REBASE CMPLT MAXIL	10/1/2007	FEE SCHED	\$308.50	
D5711		DENTURES REBASE CMPLT MAND	10/1/2007	FEE SCHED	\$308.50	
D5720		DENTURES REBASE PART MAXILL	10/1/2007	FEE SCHED	\$246.80	
D5721		DENTURES REBASE PART MANDBL	10/1/2007	FEE SCHED	\$246.80	
D5730		DENTURE RELN CMPLT MAXIL CH	10/1/2007	FEE SCHED	\$185.10	
D5731		DENTURE RELN CMPLT MAND CHR	10/1/2007	FEE SCHED	\$185.10	
D5740		DENTURE RELN PART MAXIL CHR	10/1/2007	FEE SCHED	\$154.25	
D5741		DENTURE RELN PART MAND CHR	10/1/2007	FEE SCHED	\$154.25	
D5750		DENTURE RELN CMPLT MAX LAB	10/1/2007	FEE SCHED	\$246.80	
D5751		DENTURE RELN CMPLT MAND LAB	10/1/2007	FEE SCHED	\$246.80	
D5760		DENTURE RELN PART MAXIL LAB	10/1/2007	FEE SCHED	\$246.80	
D5761		DENTURE RELN PART MAND LAB	10/1/2007	FEE SCHED	\$246.80	
D5820		DENTURE INTERM PART MAXILL	10/1/2007	FEE SCHED	\$308.50	
D5821		DENTURE INTERM PART MANDBL	10/1/2007	FEE SCHED	\$308.50	
D5850		TISSUE CONDITIONING, MAXILLARY	10/1/2007	FEE SCHED	\$80.21	

Please see first page for a complete description
of information contained in the fee schedules.

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Proc	Mod	Description	Effective	Method	Fees	PA
D5851		TISSUE CONDITIONING, MANDIBULAR	10/1/2007	FEE SCHED	\$80.21	
D5899		REMOVABLE PROSTHODONTIC PROC	1/1/1998	BY REPORT	\$0.00	
D6930		DENTAL RECEMENT BRIDGE	10/1/2007	FEE SCHED	\$61.70	
D6980		BRIDGE REPAIR	10/1/2007	FEE SCHED	\$160.42	
D9410		DENTAL HOUSE CALL	10/1/2007	FEE SCHED	\$92.55	